Unraveling the Mysteries of mRNA Vaccine Shedding

How is it possible and what can you do about it?

A MIDWESTERN DOCTOR

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Story at a Glance:

•Over the last two years, we have collected a significant amount of data that suggests a sizable number of unvaccinated people will become ill around individuals who were vaccinated in a fairly consistent and repeatable manner.

•Since shedding of mRNA vaccines in theory should not be possible, whenever those individuals (who are often suffering immensely) share their stories, they are immediately ridiculed and dismissed.

•We have identified a few plausible mechanisms (and the evidence to support them) to explain why this transmission occurs. These include exosome mediated shedding (most likely), asymptomatic COVID-19 shedding and transfected bacterial shedding.

•In this article, we will explore some of the greatest concerns surrounding shedding, such as what's currently known about sexual shedding, the odor some notice shedders emit, receiving vaccinated blood transfusions, cancer and shedding, and the existing methods which can be used to mitigate the harmful effects of shedding.

After the COVID vaccines came out, we began to encounter more and more patients who had a compelling case history that suggested that were being repeatedly injured from being around recently vaccinated individuals. This perplexed us as in theory, the mRNA vaccines (as they are not alive and hence do not replicate) should not be able to shed, but as time went forward, we kept on seeing more shedding cases which

symptomatically improved once the patient's shedding exposures were addressed. As a result, we've spent the last three years struggling to try to figure out what's going on.

To help unravel this mystery, we recently put out a call for individuals to share their own shedding injuries and see if those accounts matched what we had observed. These is understandably a lot of interest in this subject (e.g., a Tweet about it received 555k views) and we've now collected hundreds of stories (which can be viewed here).

To briefly summarize what we have learned (which is discussed in much more detail in the previous article):

- Although it is required by the FDA (and has been done for the other gene therapy products on the market), none of the COVID vaccines were ever tested for shedding.
- It has since been demonstrated that vaccine sheds in the breast milk and semen. There is also evidence suggesting but not proving the vaccine sheds in both the sweat and breath. It's much less clear if it sheds in the stools.
- Individuals appear to be affected by being in proximity to a vaccinated person (particularly if they are quite close to them), by touching something a vaccinated person contacted (particularly bed sheets), and for particularly sensitive individuals, being in an area which had previously been densely occupied by shedders (conversely being outdoors, presumably due to airflow, reduces how much a shedder affects someone nearby).
- In most (but not all) cases, the effects of shedding will resolve once the affected individual simply stops being in contact with shedders.
- The susceptibility to shedding greatly varies person to person (with the majority not being affected by it). Those most sensitive to shedding are the "sensitive patients" (who often also have other conditions like fibromyalgia, Lyme or chemical sensitivities), those who have already been "sensitized" to the spike protein (demonstrated by them having either a vaccine injury or long COVID) and those who have a yet unknown susceptibility to the spike protein (which I believe is due to them being unable to effectively produce antibodies which neutralize the spike protein).

Note: there were also a few cases of pets being affect by shedding which suggests the effects are not necessarily dependent upon a human receptor.

- Individuals are the most likely to shed immediately after vaccination or boosting (which leads to many sensitive individuals dreading the next boosting campaign). This tendency to shed appears to match the observed blood levels of spike protein which quickly rise following vaccination then drop, but never hit zero. In turn, the most sensitive individuals always notice if someone was vaccinated, while less sensitive individuals only get ill from people who had been recently vaccinated.
- Many individuals affected by shedding are able to identify clear reproducible patterns of when they get ill from shedding (e.g., each time they go to church on Sunday they get the same illness on Monday).
- Some people shed much more than others (e.g., individuals can frequently identify who at their church always makes them ill). Typically, younger people shed more than older people. Furthermore, sensitive individuals repeatedly notice certain characteristics of shedders (e.g., they have a distinct odor).
- The most common effect of shedding is abnormal menstrual bleeding (which can sometimes be very severe and frequently affects post menopausal women). Other common symptoms include nosebleeds, spontaneous bruising, tinnitus, rashes, headaches, reactivation of latent viruses (e.g., shingles), briefly coming down with a covid like illness, sinus issues and muscle pain. Some people experience a cluster of these symptoms while others only experience one or two of them.
- Individuals tend to notice an increasing duration of exposure to a shedder will make them feel worse. In turn, numerous readers have noticed that if they ignore their lighter symptoms (which often onset within minutes of a shedding exposure) and do not exit the situation, they will become severely ill for a prolonged period.
- Most of the shedding injuries appear to be a consequence of circulatory impairments (e.g., microclotting). I personally believe this is due their adverse effects on the physiologic zeta potential (which once treated appears to fix spike protein injuries) and to a lesser extent activating the cell danger response.
- Most of the vaccine shedding symptoms resemble what is seen in other spike protein injuries. However, there are two key differences. First, spontaneous bruising and nosebleeds are unique to shedding (they are not typically seen after

long COVID or a vaccine injury). Secondly, the symptoms which emerge from shedding exposures tend to be less severe than the traditional spike protein injuries (e.g., heart issues or strokes are rarer and less severe) and when the severe effects occur (e.g., death), they are typically proceeded by less severe reactions to shedding (but unfortunately the victim continued to expose themselves to shedders).

This suggests that the shedding reactions are being caused by reactions to a lower dose of spike protein—which is congruent with the fact a vaccinated individual will have more spike protein inside them than what is shed into their environment.

- Shedding effects are typically either immediate (e.g., nosebleeds, headaches and dizziness), onset in 6-24 hours (e.g., menstrual issues) or gradually show up over time.
  Note: none of these are absolutes (e.g., sometimes the nosebleeds take a day to manifest, whereas I found one case where someone had severe menstrual bleeding immediately after a shedding exposure).
- Two studies have validated the shedding effect is real.
- The majority of people do not appear to be affected by shedding.

Mysteries of the Shedding Phenomenon

The previous facts understandably raise a lot of uncomfortable questions many want answers to (hence why we received so many replies). I personally believe they necessitate a federal law being passed which will prohibit any gene therapies from entering the market unless their shedding is properly evaluated, that data is made public and it can be proven it is feasible to prevent the general public from being shed on.

Given the gravity of this situation, we believe it critical to provide the most accurate and balanced assessment of the COVID vaccine "shedding" phenomenon. This in turn was why we put out a public call for as much information on it as possible and why we've been as transparent as possible in how we reached our conclusions and provided all the data we used that helped us reach this conclusion.

Since mRNA "shedding" is such an inexplicable phenomenon, attempts to explain or predict it inevitably result in a large number of highly speculative hypotheses being raised. In turn, it was my hope that consistent patterns would be seen in the shedding reports which could narrow down which of those hypotheses could fit the observed patterns and hence were more likely to answer many of the questions which have been repeatedly raised on this subject.

For the rest of the article as we attempt to untangle this mystery, I will share our current perspectives on what ***might*** be going on and the answers to the most commonly received questions on it.

The Vaccine Smell

One of the most surprising things I learned from exploring the shedding issue is how many people have reported observing a distinct smell from individuals who appear to shed [e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32]. Additionally, many also notice this smell is present in areas where many vaccinated individuals have been (e.g., after a booster rollout, in crowded public spaces, or inside cars they drove).

Overall, it appears that a higher spike protein load appears to be "easier" to smell (e.g., in someone recently vaccinated—as spike protein levels spike in the blood after vaccination, when in close proximity to a shedder particularly if some type of intimate contact occurred, or when around someone who for some reason has a greater degree of shedding). Similarly, more sensitive people (who are typically more likely to be injured by the vaccines) are more likely to detect this smell (e.g., they can still smell it once the shedders are are no longer physically present).
Note: numerous readers reported being able to consistently tell if someone was recently vaccinated.

Additionally, I've found a few cases where:
•Secondary shedding could be smelled.
•A sexual partner lost their distinctive odor.
•At least one individual with a vaccine injury could smell the shedding on themselves.

[e.g., 1, 2, 3]. I would like to quote what one of those individuals shared since I believe it may offer some vital clues for unravelling this mystery:

> The smell was one of the first symptoms of my vax injury (albeit a benign one, compared to what it eventually turned into). It was like my entire smell changed. I was living in Florida at the time - needless to say I'd sweat a lot. And every time, post-vax, my underarm sweat would have this strange metallic smell.
>
> I would complain to my girlfriend about it. Always telling her "there's just something off. I can sense it"… at the time, she wasn't picking up on it. Or she disagreed as to the nature of the smell, while begrudgingly agreeing there was a slight change (she thought I was overreacting; also, she is unvaccinated)….But then a friend pointed it out at a workout class when I was sweating heavily.
>
> I've been on a number of therapies for over a year now. The smell comes and goes. When it comes, I know I'm in for a flare up. It seems the flare ups tend to come from shedding (both viral and synthetic shedding). I haven't noticed the smell on others. Just myself. It makes me feel like I'm not me anymore, and that I've been hijacked.

The labels I've seen used to describe the smell are as follows: "**mild sickly sweet**," "**rotting** [**or dying**] **flesh**," "magnetic onion," "unpleasant," "distinctive," "the smell of death," "medicines plus latrines" "**musty plus rancid**" "dead animal," a "decomposing body," "**road kill**," "like ammonia but not as strong," "**sweet**," "sour stomach" "elderly person as their flesh breaks down with age," "a chemical flu smell" "of seaweed," "putrid," "sweet meat" "**strange and metallic**" "sharp, pungent and toxic" "horrible" "unique odor" "**chemical**," "vinegar," "subtle like a pheromone."
Note: bolded items were reported by multiple people.

From looking at this list of smells, a few things jump out at me:

•While it's quite difficult to put into words something which has never been described before, the descriptions are fairly consistent with each other.

•One of the most well recognized consequences of the vaccination is accelerated aging, which appears to be reflected in this list.

•**There may be two separate things people are smelling** (the decomposing flesh vs. the metallic chemical). One theory which was proposed to me to explain the second smell is that its a result of micro-organisms in the environment that have been metabolizing all the chemicals that were used to (pointlessly) sterilize every surface through COVID-19 as one reader said it was first noticed in 2020 but dramatically increased in 2021.

•Individuals who can smell this will likely lose their attraction to shedders (as appealing smells are often the most important thing for sexual compatibility).
Note: one sensitive person who can perceive the shedding has shared that they've completely lost their attraction to vaccinated women for this reason.

•The one friend I have who can smell this (and a very perceptive colleague) reports that it appears to be being emitted through the pores. This is consistent with what some of the individuals (e.g., the one quote above) observed and the evidence ***suggesting*** the shedding occurs through the sweat since it contaminates sheets.

Since individuals often perceive the same environmental quality through different senses (depending on their primary sensory orientation is) I was also curious to see other ways the "quality" shedders had was described.

Since smell is intimately linked to taste, I expected those reports to resemble the smells. The three I received [1, 2, 3] did just that, describing it as: "you can taste the jabs…it's metallic and unpleasant" "can taste a metallic sensation" "a dry acid feeling on my tongue."

Quite a few people also reported feeling sensations from vaccinated individual [e.g., 1, 2, 3, 4, 5, 6, 7, 8, 9] and described them as follows:

> "noxious," "recently vaccinated people have a slime on their skin" "it was a feeling of repellent that made me want to get away as quickly as possible," "the bioelectric field around the person disappears," "their energy changes to a stainless steel sink sponge feel which is metallic and raggedy (which that reader ***believed*** represented neurologic damage)" "illness and excitable energy" "a heavy air pressure and spatial fog weighing on my brain (which if not exited from will then create vertigo for that

> reader),” “it makes our noses prickle,” “half of my tongue went numb the next day” “their energy field has a physical sensation of 'metallic' of physical repulsion, or a greyness, black goo, and even a dullness of mind that I could see”

Note: the last commenter also noted they verified they could accurately predict who was vaccinated and that they noticed food prepared from vaccinated individuals was different.

As you might notice, these are somewhat congruent with the previously described smells and tastes.

One sensitive physician I know who smells the odor (and seems to know more about it than anyone else I know) has shared the following with me:

•They had previously had environmental sensitivities, which with work they were able to eliminate.

•Until those sensitivities were resolved, they would smell chemical residues on them when they got home which they then needed to clean off.

•In December 2020 (right after the rollouts began), they began to notice a new smell they’d never smelled before which lingered on them once they got home and they needed to clean off (e.g., with a shower) in order to be able to be comfortable at home (previously, while sensitive, they’d also needed to do this for everyday chemical exposures).

•Before long, this smell started emerging in public places (e.g., a store), but was by far the strongest in the hospital. Because this smell had not existed throughout the first year of the pandemic, they assumed it was linked to the vaccine. Presently, they believe the smell is the spike protein and something else in the vaccine.

•The smell gets stronger each time a new series of boosters is rolled out (as most of coworkers at the hospital likely receive it).

•This smell was much weaker in Southern Europe, suggesting either their vaccines were different, or the health of the average American caused them to shed differently.

•When the shedding smell is particularly strong, they experience temporary symptoms while around those individuals (e.g., pain in a part of the body). This for instance occurred after the most recent round of boosters.

•Many people who were vaccinated do not have this smell, which suggests many (as discussed in the previous article) received placebos. Unfortunately for my colleague, it is much higher in hospitalized patients (which suggests those who received the more potent vaccines were also more likely to be injured and hence hospitalized). Likewise, the more "real" doses someone received, the harder it is for my colleague to be around them.
Note: presently my colleague estimates around 50% of the population is truly jabbed, but in certain cases (e.g., in clinics for the elderly who are more likely to have been repeatedly boosted, this figure rises to 80%). Sadly, those with the most unusual or severe illnesses, they invariably muscle test (or smell) as having been "truly" vaccinated. The subject of "hot lots" has been a longstanding controversy

•The mold biotoxin community has also noticed a new toxin (and odor) they need to be wary of which entered the environment during 2020 and worsened in 2021 after the vaccines hit the market. Likewise, my colleague has had patients who believed they'd had a mold exposure (which is often debilitating for patients with chronic mold issues) but when it was looked into, my colleague assessed it was actually from vaccine shedding that had contaminated their environment.

•Like the cleaners mentioned earlier, my colleague notices a significant difference in environments that have vs. have not had a significant presence of vaccinated individuals in them.

•Whatever is creating this smell is gradually seeping into the environment (e.g., a colleague through muscle testing recently found the same toxin in seawater foam from the ocean a patient reacted to).

•Not every vaccinated person has an overt shedding smell, but with almost all of them, it can be detected once the air next to them is breathed in.

Note: I believe this could be explained by the fact only some people received vaccines with positively charged lipid nanoparticles that hence concentrated in the lungs.

•My colleague believes that whatever is causing this smell behaves a lot like a pheromone. Likewise, Ryan Cole has shared that he believes the pheromonal process is a likely mechanism to account for much of what is being seen with shedding as female menstruation is highly sensitive to pheromones (this reader and this reader also associate shedding with pheromones).

Note: my colleague (and their mentor) have also found that it is more difficult to treat or evaluated truly vaccinated individuals, as a haze is present around them which makes muscle testing more difficult to perform and their simple presence in the office can interfere with treating other patients who are also there. Initially this forced them to not see vaccinated patients, but in time they found workarounds for this issue. Presently, this colleague and their mentor (who has a good track record in working with complex illness) believes the primary mechanism of toxicity from the shedding is energetic rather than physical in nature (which may for instance explain the experiences of this reader).

I suspect in the years to come, this smell will become much more clearly worked out. Additionally (assuming it is a physical smell rather than "energetic" smell), I am almost certain it will be possible to train dogs to smell it. For instance, consider (to quote UCLA) what they were able to do with COVID-19:

> When the COVID-19 pandemic struck, the diagnostic abilities of dogs were put to the test. Professional trainers claimed high success rates of dogs sniffing out COVID-19 infections, and a few small studies backed them up. In one, specially trained dogs were 97% accurate in sniffing out COVID-19 from sweat samples taken from 335 people. This included finding infection in 31 individuals with no symptoms. When testing moved from isolated biological materials in a lab to actual humans in real-world settings, accuracy dropped a bit.
>
> When it comes to the widespread use of specially trained dogs to diagnose COVID-19, more study is needed. However, researchers and clinicians agree it's a promising avenue. Dogs detected infection up to 48 hours earlier than a PCR test. And while a rapid test requires a swab, chemical reagents and 10 minutes or so to produce results,

> the dog's response is immediate. There is also interest in harnessing the canine sense of smell to learn more about long COVID.

Shedding Mechanisms

*Note: I recently wrote an article titled "*How Do We Navigate Uncertainty In These Perilous Times?*" primarily to provide critical context for this section.*

As I discussed above (and in more detail in the first half of this series), the major issue I've had with this subject is that in theory, mRNA vaccines should not be able to shed, but for some reason they are.

At this point, I've come up with a few ***potentially viable*** explanation to explain why this is happening. The ones I feel have enough evidence to substantiate them are as follows:

Variable Sensitivity

From all the previously received case reports, it has been established that the sensitivity to either the spike protein (or a yet unknown vaccine component) varies by orders of magnitude (discussed further in the first half of this series). While this does not explain how the vaccine is able to "shed" it explains why some people can be relatively unaffected by high concentrations of it (e.g., the asymptomatic shedders) whereas others get very ill from the tiny amount of the shedding agent which exits the body and can be absorbed from the environment.

This in turn is consistent with the hypotheses that the spike protein's toxicity is partly a result of it being an allergen (some people are extraordinarily sensitive to an allergen) and it being an agent which collapses the physiologic zeta potential (as everyone has a differing critical threshold below which impaired zeta potential will trigger microclotting throughout the body).

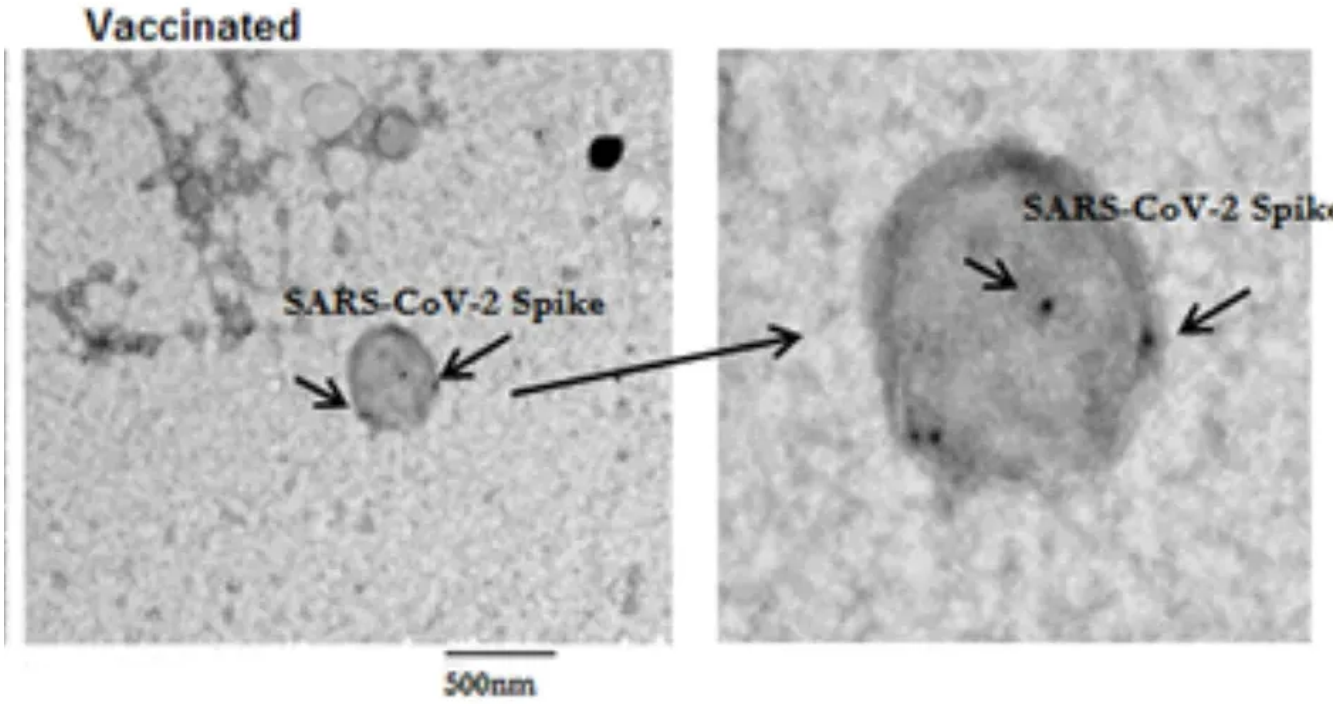
Exosome Mediated Shedding

While not perfect, exosome shedding is the hypothesis that best fits the existing data on shedding. Briefly, this hypothesis argues that the vaccine is concentrating in the lungs

(due its previously described affinity for the pulmonary arteries when the vaccine is incorrectly manufactured), which results in some (but not all vaccinated) individuals exhaling a significant amount of spike protein containing exosomes which then affect those in their surrounding. This mode of "shedding transmission" essentially allows for a relatively small difference in total spike protein concentration between the shedder and the individual affected by the shedder.
Note: Before I learned why the vaccine manufacturing process can cause the vaccine to accumulate in the lungs, I came to suspect something caused the vaccine to concentrate in the arteries that travel from the heart to the lungs because clinicians kept on reporting to me that it seemed to be a primary site of injury in their vaccine injured patients. Likewise, I now suspect the "strongest" shedders were those who received lipid nanoparticles that were manufactured in a way which caused them to concentrate in the lungs.

Exosomes for reference are small vesicles (which the lipid nanoparticles sought to mimic) that cells continually release and take in, hence forming a critical communication network the entire body relies upon (e.g., mothers have exosomes in their breastmilk which make it through the digestive tract and deliver [micro]RNA to their developing babies which plays a critical epigenetic role in guiding their healthy development). In the same way that mRNA is a relatively new and unexplored technology, the science of exosomes is still in its infancy. Nonetheless, many clinicians are actively using "healthy" exosomes in practice (e.g., those derived from stem cells or amniotic fluid) and having remarkable improvements occur for a variety of degenerative conditions.

During COVID, we noticed that the virus appeared to poison the exosome system and in turn that injecting healthy exosomes into the blood stream often produced remarkable results for those patients (as well as for long COVID and to a lesser extent vaccine injuries). In the case of the vaccine, this makes a lot of sense, as the vaccine works by causing cells to mass produce spike proteins (which get pushed to the cell surface at which point they can bud off into toxic exosomes that traverse the body). In turn, it has been shown this does indeed occur after vaccination (and I suspect, due to the vaccine design, much more frequently than is seen in COVID—which may account for why "vaccine" shedding differs from COVID-19 shedding).



Note: the negative controls [in this experiment](#) did have spike protein on their exosomes.

Because of all the signaling effects generated by exosomes (very small doses of healthy exosomes can create profound improvements in patients which are hard to believe unless you see it first hand), it in turns seems plausible that inhaling toxic exosomes could have a profound impact on those sensitive to shedding. Furthermore, many of the vaccine injury case histories I've seen indicate the route of exposure had to be respiratory in nature (e.g., the rapid nose bleeds), further supporting this hypothesis. Conversely, I've seen spike protein injured patients have excellent pulmonary and nasal responses to nebulized amniotic exosomes, which again indicates that toxic exosomes could also be active there.

Presently, the following has been shown:

•Spike protein containing exosomes (which circulate in the bloodstream) [spike after vaccination (and then decline)](#) and appear to be one of the primary things responsible for triggering the immune response that creates antibodies to the vaccine, as once spike protein coated exosomes are transferred to mice, the mice develop antibodies to the spike protein (along with increasing levels of various inflammatory cytokines).

•A 2023 peer-reviewed study found that unvaccinated children who were around COVID-19 vaccinated parents developed an immune response to the spike protein that was not seen in children with unvaccinated parents. Additionally, they were also able to find spike protein antibodies in surgical masks worn by the physicians. This led the authors to ***hypothesize*** that antibodies being directly transferred through the parent's breath to their children.

I however would argue the results suggest spike coated exosomes (which produce spike antibodies once they arrive in the childen) are being transferred. This is because, to the best of my knowledge, it has not otherwise been shown antibodies can be directly transferred to someone else through breath (this would change a lot of the fundamental principles of how herd immunity works in the population) and if the transference were to occur, the concentration in the child would be dramatically lower than the parent (which as best as I can tell was not what the study found).

•Significant amounts of (RNA containing) exosomes can be found in your breath, and those exosomes (which derive from the lungs) vary depending upon on the disease state someone has ("sicker" people have "worse" exosomes). To illustrate, see this 2013 paper, this 2020 paper and this 2021 paper
Note: since this is a relatively new field of research, each paper is more sophisticated than the preceeding one.

•The spike protein has a high (heparin dependent) affinity for binding to the surface of exosomes. So if was not already there when the exosome initially formed it can also attach to exosomes traveling in the blood stream.

•Long COVID (and more severe acute COVID) is characterized by the presence of more spike protein studded exosomes (see this paper and this paper). Additionally, they also showed exosomes from COVID patients are highly inflammatory (and potentially clot forming) and are taken up by the lung cells. The most detailed study (and imaging) of spike protein containing exosomes can be found in this paper (which also found that spike protein containing exosomes can circulate a year after COVID infection).
Note: this study also found COVID triggers the production of spike protein coated exosomes, and when lung cells was exposed to those exosomes, an immune response to the spike protein

was triggered.

•An inhaled vaccine was made from lung derived exosomes coated with spike proteins (they were lung derived so the lung cells would be more likely to absorb them). These spike protein exosomes both generated an immune response and were absorbed into the body. Once absorbed, those exosomes then traveled to other tissues and organs in the body which (based on all the reports we've received and the patients we've seen) are known to be affected by shedding.

Note: the key point from the above studies is that many of the above papers showed (abnormal) exosomes (e.g., spike protein coated ones) activated the immune system and appeared to play a key role in developing an immune response to them.

Lastly, exosomes may also be absorbed through skin contact (after being sweated out by a shedder) but it's harder to know if this does occur, as the existing data I've seen indicates it's often difficult for (generic) exosomes to penetrate the skin. As there are many cases suggesting skin to skin shedding transmission occurs, that either means something else is at work or spike coated exosomes indeed can penetrate the skin (e.g., because the skin becomes more porous at certain times or because containing spike protein increases the ability of an exosome to penetrate the skin).

In short, I think the theory behind mRNA vaccines (having cells produce exosomes on their surface which are then recognized by the immune system), was a terrible idea since it not only causes the body to attack those potentially essential cells (e.g., a good case can be made this happens to the heart) but also that it poisons the exosome system. This again illustrates why it was a terrible decision to abandon the existing regulatory principles and allow a completely brand new technology with a huge number of unknowns to be given to a large number of people. While the regulators might have wanted to hope those unknowns would all be "fine" as time goes forward, we discover reason after reason they are actually a huge problem.

Note: The clinical uses of exosomes and their rationale for being used is discussed in much more detail here.

The SARS-CoV-2 Virus

I believe some of the shedding people attribute to the vaccine is in fact due to the virus itself. In turn, there are a few reasons why could happen and it is likely one or more of the following is occurring:

1. The SARS-CoV-2 virus is pervasive throughout our environment now and since the shedding symptoms resemble other spike protein injuries, it is likely some of the cases that are being labeled as "shedding" are actually just exposure to the SARS-CoV-2 virus. However, I must note I do not believe this can account for many of the stories I've come across.

2. The COVID vaccine transforms the immune response of an injected individual from one that eliminates the infection to one that reduces the symptoms of an existing infection. This in turn may lead to vaccinated individuals becoming chronic "silent" carries of COVID-19 and unawarely shed the virus into their environment.

This effect is traditionally observed with vaccines directed at a toxin an infectious agent produces rather than the organism itself (e.g., the pertussis vaccine prevents its toxin from causing whooping cough which can lead to vaccinated individuals becoming chronic carries of pertussis and silently shedding it into their environment—something demonstrated by pertussis outbreaks occurring in vaccinated institutions). In the case of COVID-19 vaccination, it has been discovered that repeated exposure to the (highly allergenic) spike protein triggers the body to begin switching to producing of IgG4 antibodies, antibodies which are reduce the immune response to an allergen—something which is helpful for say pollens you are always exposed to, but not helpful for a harmful agent reproducing within the body.

Note: I suspect many of the vaccinated individuals predominantly become symptomatic when they are exposed to new variants they do not yet have an IgG4 response to.

In turn, it appears that repeated vaccination reduces the symptoms from a COVID-19 infection as you no longer have the (often dangerous) allergic response to the spike protein, but it also prolongs the duration of the infection and can turn you into a silent carries of the infection. This again illustrates why it was unwise to deploy a poorly understood technology upon the world and that had a more thorough risk analysis of

been performed, people would have realized that it was unwise to perpetually produce the infectious component of SARS-CoV-2 in the body.

Note: As further proof of this point, Novavax was able to demonstrate that their vaccine (which provides threee injections of the antigen alongside an adjuvant rather than forcing the body to continually produce the spike protein) does not trigger the IgG4 response seen from the mRNA vaccines.

3. Vaccinating someone currently infected with COVID-19 causes the existing infection to spiral out of control, which in turn leads to the infected individual suddenly transmitting large amounts of the pathogen into the environment. Some of the things that have made me suspect this are:

•I personally know of numerous cases (which I logged) where someone got a COVID-19 vaccine, shortly after came down with a severe case of COVID-19 and then died in the hospital. Likewise, analyses of VAERS reports have found after 1-2 weeks, the most common causes of death reported following vaccination was a COVID-19 infection.

Note: I could see this either being due to the immune suppressive effects of the vaccine (e.g., the immune system becoming hyper-primed to respond to the spike protein rather than the existing viral strain, the vaccine being demonstrated to destroy the bone marrow stem cells which produce the immune system's cells or the IgG4 class switch) or due to it provoking a severe inflammatory response (as much of the damage of from a COVID-19 infection is a result of the immunological response to it).

•I have seen a few reports (e.g., in a survey Steve Kirsch asked me to review) of someone who had a mild (PCR confirmed) lingering COVID infection then get a COVID vaccine and immediately crash (e.g., they needed to be hospitalized). These examples again suggest that the immunosuppressive effects of the vaccine can destroy the immune system's ability to properly respond to an existing infection.

Note: This was also something that was seen with the HPV vaccine (if you have the HPV strain known to cause cancer at the time you got the vaccine, the HPV trials showed you actually became more likely to get cervical cancer). Since the HPV vaccine and the COVID-19 vaccines

are the most immunologically agitating vaccines on the market (e.g., they have a very high rate of causing autoimmune disorders), I suspect they are much more likely to worsen the response to a prexisting infection of the disease they "protect" you against.

•I know a hermit who I can verify stayed inside his house for the last two years except to see his parents once a week. Throughout the pandemic he never had an issue with COVID, but after his parents were vaccinated, he immediately developed a significant COVID infection. Likewise, I have read numerous reports of people who either came down with COVID or a COVID like illness after being around a vaccinated individual. For example, this was one reader's shedding story:

> In December of 2021 we attended a family wedding in another state . We drove there in our RV, not stopping often in restaurants. My husband and I were one of the few at this wedding unvaccinated , which the rest of the family disapproved of , so I was careful in my exposure . We took a home covid test two days before seeing everyone and again on the day we arrived . Negative. At the wedding I was dancing with my nephew , a police officer , who had recently been boosted . He wasn't feeling well - and two days later he tested positive . Three days later , feeling achy and unwell , I tested positive and two days later my husband tested positive. I am sure my nephew was shedding . The only people at the wedding who got sick were relatives or friends of my nephew.

Likewise, another reader shared this story:

> My husband and I had the same hair stylist. She said she had just gotten boosted in Feb 2023 (after initial 2 shots). That week, we both got our hair done by her. We both are unvaccinated and had never had Covid. We both came down with Covid that week.

Note: if you consider the first point, the vaccine could also be causing a chronic COVID infection which causes the vaccinated to continually expel spike protein coated exosomes and those are what actually create the problem for those around them.

Bacterial DNA Plasmid Contamination

It has now been demonstrated that the vaccines are contaminated with DNA plasmids that were not removed during the (improper) manufacturing process.

In turn, I believe it is quite possible those plasmids are in turn integrating into the recipient's genome or their microbiome. Assuming they are in fact integrating into the microbiome, the transfected bacteria will reproduce the spike protein plasmid and can hence transfect other bacteria in the microbiome (which in turn can produce the spike protein). In turn, since we are always spreading our microbiome (including through the air) to those around us, spike transfected bacteria provide a way that the vaccine could allow a replication competent organism to be transmitted to those around us—something which on the surface appears impossible with the mRNA technology (and is hence frequently used to argue against the possibility of shedding).

Presently, the following data points exist to support this hypothesis:

1. It is now known that the most dangerous vaccine lots also had higher amounts of the plasmid contaminants.

2. One system of medicine (based on terrain theory) believes the microbiome transforming into a pathologic state is the root cause of many illnesses. In turn, this system "treats" a variety of diseases by providing plasmids extracted from healthy states of the common organisms found within the body under the theory that unhealthy ones will take up those plasmids, transform into the healthy ones that live with the body and then produce more of the "healthy" plasmids. In essence, this approach seeks to restore health is exactly the opposite of what the (spike protein plasmid containing) COVID vaccines are doing.

While I do not follow the fairly complex protocols adherents of this school of medicine ask patients to follow, I have found that some of their remedies are extremely helpful for specific diseases that are otherwise quite difficult to treat. With spike protein injuries, we've found one remedy this system believes "treats" the microorganism which causes blood clotting is quite helpful for both vaccine injuries and long-haul COVID. This in turn suggests to us that something about the spike protein pathologically alters the microbiome until it is reversed with a healthy plasmid.

Note: much more was written about this school of medicine here.

3. A 2022 study was able to prove that the SARS-CoV-2 virus will infect the gut microbiome, reproduce its components within those bacteria and alter the gut microbiome (due to the bacteria it infected dying). Since bacteriophages typically require specialized proteins to infect bacteria, the fact that SARS-CoV-2 acted as a bacteriophage was a bit of a mystery, which led the study's authors to propose a few ***guesses*** on why it happened, all of which understandably lacked evidence to support them.

4. Sabine Hazan MD, who is a gastroenterologist and a world expert on the microbiome likewise discovered that:

•SARS-CoV-2 could be found in the stools of individuals with a COVID-19 infection.

•That a SARS-CoV-2 infection pathologically altered the gut microbiome.

•That the severity of a COVID-19 infection correlates to the degree of pathologic alteration of the gut microbiome, although it was indeterminate if the alterations in the gut microbiome preceded the infection (and hence predisposed one to a severe infection) or if it was a result of the infection itself.

Note: this study and this case report suggested that restoring the gut microbiome shortened COVID-19 hospitalization time and significantly improved one's likelihood of survival. Dr. Hazan has also put forth the hypothesis that some of the benefit of ivermectin may be a result of it increasing the beneficial gut bacteria which are harmed by a COVID-19 infection.

•That mRNA vaccination pathologically altered the gut microbiome (and reduced the same beneficial bacteria observed to be lost in COVID-19 infections, particularly bifidobacteria) both one month after vaccination and at 6-9 months post vaccination.

All of this suggests **but does not prove** that microbiome transfection plays a key role in the shedding phenomenon. One thing that makes me more open to this hypothesis are

the numerous cases (e.g., the cleaners discussed in the previous article) I've come across of individuals becoming ill from touching surfaces that were touched by shedders (and hence could contain those spike protein transfected bacteria).
Note: While it was widely believed to do so throughout the pandemic, SARS-CoV-2 is not transmitted by contaminated surfaces, which means something else is "shedding" onto them. While it's possible it is the spike protein exosomes, it's unclear to me if they could persist in the environment (we always are instructed to store therapeutic exosomes at very low temperatures but in contrast, one study I found suggests serum exosomes can persist at room temperature for a few days) and as mentioned above, it's unclear if they can be absorbed through the skin.

Additionally, Dr. Hazan's work makes me wonder if the pre-existing microbiome of an individual may influence their susceptibility to shedding.

Note: I asked Dr. Hazan if she was ever able to assess if vaccination caused the gut microbiome to produce the spike protein. She told me she never had the funding to do the research (as given it's controversial nature, no one wanted to fund it so she had to use up a lot of her savings to self-fund the COVID-19 vaccination studies [that type of research costs a lot]) and she is thus presently trying to raise the funds for the research to determine if the vaccine integrates into the human genome or microbiome (which can be donated to here). While talking to her, she emphasized that the mRNA vaccine damaging the gut microbiome could potentially be creating some of the shedding symptoms being observed since a healthy microbiome both produces essential nutrients and reduces inflammation throughout the body.

Pheromones

As mentioned above, some believe the vaccine shedding pathology is largely mediated through pheromones (hence why some can smell their distinct odor). Ryan Cole endorses this hypothesis, partly because it is known that pheromones can have a significant impact on menstruation. Likewise, a few readers [1,2] have shared that they believe shedders emit a toxic "pheromone." While this possibility is intriguing, I do not believe it can explain everything that has been observed with shedding.
Note: as far as I know, there is no research on the connection between exosomes and pheromones.

Lipid Nanoparticle Breakdown Products

The shedding is an allergic reaction to the broken down components of the lipid nanoparticles (e.g., PEG) being excreted from patients. Overall, I feel this explanation is unlikely account for much of what has been observed.

Please consider sharing this post.

Remaining Questions

Given how controversial the idea an injection being given to billions of people could actually be actively harming unvaccinated people is, we've put a lot of thought into if we wanted to broach this topic. For this reason, we've spent a long time researching the topic and tried to stick to claims we could provide the evidence to substantiate.

At this point, I feel we have been able to answer many of the questions numerous people have asked us to explore. Nonetheless, there are a few topics that have not yet been covered I know many of you still want some guidance on. The dilemma we face is that most of those answers rely more speculative evidence and our fear is that if they are associate with these points, they will be focused on and hence used to dismiss the rest of the critically important points raised throughout this article.

For example, many people want to know how to protect themselves from shedding. In my eyes, the best answer to this question is the same message everyone in this movement has been giving for the last year: "stop boosting people." However, since we are still not at that point (however we are close as most of the public appears to have realized the boosters are either unsafe or ineffective), I am not sure if that constitutes useful advice. Likewise, I think making people conscious of how shedding may be harming them is helpful since it provides guidance on how to significantly reduce that harm by avoiding shedding exposures, but at the same time it's not really helpful because no one wants to be stuck being isolated from society (which many readers here have shared is the situation they've now found themselves in).

Note: I am hopeful the shedding issue, provided it's presented in a reasonable and measured

manner, may finally be the thing that tips the scales against continuing the COVID-19 booster campaign as the incentives to keep them on the market is rapidly dwindling (since almost no one is buying them).

The current solution I've found for this dilemma is to limit the audience that can see it. In the final part of this article, I will attempt to answer the more challenging questions that still lie on much shakier ground. Specifically:

•What can be done to mitigate the effects of shedding that cannot be avoided?
•What do we currently know about shedding and sexual relationships?
•What do we currently know about shedding and cancer?
•What do we currently know about shedding and blood transfusions from vaccinated individuals?
•What are the more controversial mechanisms for shedding that are currently being considered?